

<b>Case Number:</b>	CM14-0216338		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	08/11/2010
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 36 year old female with a date of injury of August 11, 2000. Result of the injury includes neck, right shoulder, and low back. Diagnosis includes lumbar degenerative disc disease. Treatment has included tobacco cessation, Norco, Ibuprofen, and home exercises. She had been on Norco for several months along with Tramadol and Norco for which her pain consistently remained 4-6/10. Diagnostic studies are unavailable. Progress report dated December 23, 2014 revealed pain to palpation along the lumbar and cervical paraspinal muscles. Work status was documented as modified work duty. Treatment plan included tobacco cessation, Norco, Ibuprofen, and a home exercise program. Utilization Review form dated December 2, 2014 modified Norco 10/325 mg # 40 according to MTUS guideline recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco 10/325mg #40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco along with other opioids and NSAIDs for a several months without significant improvement in pain or function. There was no mention of Tylenol failure. The continued use of Norco is not medically necessary.